



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD000845206

INSTALLATION ADDRESS

NEW HAVEN MAINTENANCE FACILITY -AMTRAK
HALLOCK AVENUE
NEW HAVEN CT 06510

HALLOCK AVE
NEW HAVEN CT 06510

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA
I.D. NO.

1. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

[illegible]

AUG 18 11 03 PM '80

112	I. NAME OF INSTALLATION
-----	-------------------------

NEW HAVEN MAINTENANCE FACILITY - AMTRAK

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

[illegible]

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

[illegible]

15	16
IV. INSTALLATION CONTACT	

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

[illegible]

V. OWNERSHIP	
--------------	--

A. NAME OF INSTALLATION'S LEGAL OWNER

8	N	A	T	I	O	N	A	L	R	A	I	L	R	O	A	D	P	A	S	S	E	N	G	E	R	C	O	R	P	O	R	A	T	I	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION

B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

		56	59
VII. MODE OF TRANSPORTATION <i>(transporters only – enter “X” in the appropriate box(es))</i>			

☐ **A. AIR** ☐ **B. RAIL** ☐ **C. HIGHWAY** ☐ **D. WATER** ☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

5	W	C	T	D	0	0	0	8	4	5	2	0	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

R. F. LAWSON
VP/CHIEF ENGINEER

DATE SIGNED

8/15/80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

Added D007

R 2/23

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

F CTD000845206 1 8/10/21

I. NAME OF INSTALLATION

NEW HAVEN MAINTENANCE FACILITY - AMTRAK

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 HALLOCK AVENUE

CITY OR TOWN

ST.

ZIP CODE

4 NEW HAVEN CONN 06510

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

ST.

ZIP CODE

6 SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 PEARSON NILS MGR EQUIP FAC 203-773-6120

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 NATIONAL RAILROAD PASSENGER CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

C T D 0 0 0 8 4 5 2 0 6

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49	50	51	52	53	54
23 - 28	23 - 28	23 - 28	23 - 28	23 - 28	23 - 28

☒ 4. TOXIC D-007
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED _____

W. Carlton W. R. F. Larnen

R. F. LAWSON
VICE PRESIDENT AND
CHIEF ENGINEER

2/11/81

C

T/A C

W

1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

M. A. HEFFNER - FACILITY MGR

4-13-87

RECEIVED
MAR 9 1987

HAZARDOUS MATERIALS
MANAGEMENT UNIT

NAME: National Railroad Passenger Corp
 I.D. NO.: CTD000845206
 FILE LOC: R-1A/P-2
 OTHER: _____

1/19/93
 (18)
 OK

REQUEST FOR CHANGE

EPA ID #: CTD 000845206COMPANY NAME: Amtrak New Haven

Date of Request: _____

TOWN: New Haven

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	Amtrak new Haven	National Rail Pass. Corp.	form JC
II**	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership & Address			DATE OF OWNERSHIP CHANGE:
b.	Property Owner & Address			DATE OF OWNERSHIP CHANGE:
VI	Status	(Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

** If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



March 4, 1987

Miss Inga Rubecka
State Department of Environmental Protection
Hazardous Waste Management Section
165 Capitol Avenue
Hartford, CT 06106

Dear Miss Rubecka:

Please find a copy of the completed "Notification of Hazardous Waste Activity" form for the specification used oil generated from our maintenance facility in New Haven, Conn. The oil will be burned as energy recovery in the cogeneration plant at the facility.

This is the first notification of our waste as fuel activities at New Haven.

Please be aware that the previously assigned installation's EPA I.D. number (CTD 000-845-206), as indicated on the form for the New Haven facility, was primarily for the caustic solvents being used at the facility.

Should you have any questions on the attachment, please contact us at (202) 383-2531 in Washington, D. C.

Very truly yours,

A handwritten signature in dark ink, appearing to read "T. W. Brzozowski", written over a horizontal line.

T. W. Brzozowski
Director
Environmental Control

Attachment

RECEIVED
MAR 8 1987

HAZARDOUS MATERIALS
MANAGEMENT UNIT



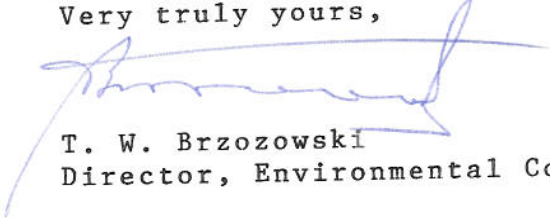
February 11, 1986

U.S. Environmental Protection Agency
Region I
John F. Kennedy Federal Building
Room 2302
Boston, Massachusetts 02203

Dear Sir:

Enclosed, as per your request, are the completed hazardous waste notification forms for our facilities in your region. If you have any questions, please feel free to contact me in Washington at 202/383-2531.

Very truly yours,



T. W. Brzozowski
Director, Environmental Control

Enclosure(s)

DTR-
AR

Hazardous Waste Quantity Notification

Business Name AMTRAK New Haven Maintenance Facility

Business Address Hallock Avenue

New Haven, CT 06519

EPA ID Number CTD000845206


Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☐

1000 kg/month or more ☒

1038 Kg/MONTH



N. B. Pearson, Jr.
Signature and Title

Manager
New Haven Maintenance Facility

EST
NOV 18 1990
DEPT OF SAFETY
ENVIRONMENT

GSA No. 12345 XX
Form Approved OMB No. 156-R00XX

Please print or type with ELITE type (12 characters per inch).

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
I.D.# CTD 000-845-206 New Haven Maintenance Facility c/o Robert T. Noonan 400 North Capitol St., N.W. Washington, DC 20001		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC. 31, 1981	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC. 31, 19	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - - 19 - -	
INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act)			
II. INSTALLATION'S EPA I.D. NUMBER			
F CTD 000 845 206 1			
III. NAME OF INSTALLATION			
A M T R A K M A I N T E N A N C E F A C I L I T Y			
IV. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX			
3 H A L L O C K A V E N U E			
CITY OR TOWN ST. ZIP CODE			
4 N E W H A V E N C T 0 6 5 1 0			
V. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			
5 S A M E			
CITY OR TOWN ST. ZIP CODE			
6			
VI. INSTALLATION CONTACT			
NAME (last and first) PHONE NO. (area code & no.)			
2 N. B. P E A R S O N 2 0 3 - 7 7 3 - 6 1 2 0			
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
CTD 089631956			
East Coast Environmental			
454 Quinnpiaw Avenue			
New Haven, CT			
VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)			
A. COST ESTIMATE FOR FACILITY CLOSURE		B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (dupose facilities only)	
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
Robert T. Noonan A. PRINT OR TYPE NAME		Robert T. Noonan B. SIGNATURE	
		1/13/83 C. DATE SIGNED	

EPA Form 8700-13 (5-80)

PAGE 1 OF

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX
Form Approved OMB No. 158-R00XX

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	- 1 9		X. GENERATOR'S EPA I.D. NO.
		2. TYPE OF REPORT			G C T D 0 0 0 8 4 5 2 0 6
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
		Hollock Avenue New Haven, CT 06510			
XII. FACILITY NAME (specify)		Amtrak Maintenance Facility			
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	K ₂ Cr ₂ O ₄ (Chromate/Water Solution)		D 00 7	4 2 6 8	gal
2	(2000-3000 ppm)				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number — see instructions)					

EPA Form 8700-13A (5-80)

PAGE ____ OF ____

General Instructions, Hazardous Waste Report (EPA Form 8700-13)

Important: READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Section 1. Type of Hazardous Waste Report

Part A: Generator Annual Report—For generators who ship their waste off-site to

facilities which they do not own or operate, fill in the reporting year for this report. (e.g., 1982).

[Appendix]



January 13, 1983

Environmental Protection Agency
Region I
Post Office Box 8748
Boston, Massachusetts 02114

Dear Sir,

Enclosed please find a copy of the 1981 Hazardous Waste Report for our facility in New Haven, Connecticut.

In the future, I would appreciate your sending the necessary paperwork to me at:

400 North Capitol Street, N.W.
Washington, DC 20001

Doing so would expedite this entire reporting procedure.

Thank you for your cooperation.

Very truly yours,

A handwritten signature in dark ink, reading "Robert T. Noonan". The signature is written in a cursive, flowing style.

Robert T. Noonan
Senior Director - Environmental
and Pollution Control Engineering



February 11, 1981

Environmental Protection Agency
Region I
Post Office Box 8748
Boston, MA 02114

Dear Sir:

Attached is a copy of the subsequent Notification of Hazardous Waste Activity for our facility(s) in your region. This notification supersedes that submitted to you in our August 15, 1980 report. Please note the addition under IX-E-Characteristics of non-listed hazardous waste. In rare circumstances, we may have the need to dispose of small amounts of locomotive cooling water solution containing 2,000 to 3,000 ppm of hexavalent chromium. Each locomotive holds approximately 320 gallons of potassium dichromate treated cooling water and, in most cases, it is re-used and not discharged.

We do, however, wish to be on record as possible generators of chromate containing wastes and therefore submit this revised notification.

Please direct any questions and all future correspondence to me at the above address.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Robert F. Lawson".

Robert F. Lawson
Vice President/Chief Engineer

-2610

Called 12/18/80 RAC
confirmed i.d.#

file → CTD000845206



December 1, 1980

Environmental Protection Agency
Region I
Post Office Box 8748
Boston, MA 02114

Dear Sir:

Please refer to our letter of August 15, 1980 concerning the hazardous wastes activities at Amtrak facilities in your region.

As indicated in our letter, we have analyzed the waste oils and solids which are generated by our facilities and they are not hazardous under the criteria of the Resource Conservation and Recovery Act. Therefore, we would not need a permit at any of our facilities for storage or disposal of hazardous wastes. We do, however, still wish to have an EPA identification number as a potential hazardous wastes generator in the event we do generate any hazardous wastes in the future and we need to dispose of it.

Another reason for asking for the EPA I.D. number is that many haulers do not want to pick up our wastes - non-hazardous - without it.

We appreciate your cooperation in assigning us the above-mentioned number as soon as possible.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. F. Lawson", written over a horizontal line.

R. F. Lawson
Vice President/Chief Engineer

FILE: POLL. CONTROL
SOLID WASTE

Amtrak



August 15, 1980

Environmental Protection Agency
Region I
Post Office Box 8748
Boston, MA 02114

Dear Sir:

Enclosed is the notification of hazardous waste activity for our maintenance facility in New Haven, Connecticut.

The following specific items must be addressed at this site:

Our maintenance facility in New Haven, Connecticut utilizes a simple A.P.I. oil separator which may generate some oil-saturated sludge and oil skimmings. Based on our knowledge of the waste water entering the facility, we do not feel that it can be classified as a hazardous waste. However, the collected oil and sludge skimmings may possibly be classified as a hazardous waste. Amtrak will conduct lab tests to determine whether either of these materials may constitute a hazardous waste. If either of these wastes are found to be a hazardous solid waste, we feel that this facility should be classified as a hazardous waste generator.

The Connecticut State EPA is currently reviewing our construction plans for a dissolved air flotation system and an additional oil skimmer to be installed in New Haven Yard in the next six months. The dissolved air flotation system includes an equalization pond, oil skimmer, and sludge holding tanks. If any of the sludge or oils from these facilities are found to be hazardous, we again feel that we should be classified as a hazardous waste generator.

If the Environmental Protection Agency has a different opinion regarding the classification of our system, please so inform us as soon as possible and send the necessary permit forms.

To the best of our knowledge, this facility does not handle any other solid waste which can be classified as hazardous.

File
W3010

8/22

Form processed
New Haven Maintenance Facility
Hallock Ave
New Haven CT 06510

CTD000845206



August 15, 1980

Environmental Protection Agency
Region I
Post Office Box 8748
Boston, MA 02114

Dear Sir:

Enclosed is the notification of hazardous waste activity for our maintenance facility in New Haven, Connecticut.

The following specific items must be addressed at this site:

Our maintenance facility in New Haven, Connecticut utilizes a simple A.P.I. oil separator which may generate some oil-saturated sludge and oil skimmings. Based on our knowledge of the waste water entering the facility, we do not feel that it can be classified as a hazardous waste. However, the collected oil and sludge skimmings may possibly be classified as a hazardous waste. Amtrak will conduct lab tests to determine whether either of these materials may constitute a hazardous waste. If either of these wastes are found to be a hazardous solid waste, we feel that this facility should be classified as a hazardous waste generator.

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If the Environmental Protection Agency has a different opinion regarding the classification of our system, please so inform us as soon as possible and send the necessary permit forms.

To the best of our knowledge, this facility does not handle any other solid waste which can be classified as hazardous.

Please direct all future correspondence regarding any Amtrak facility in your region to:

Robert F. Lawson
Vice President-Chief Engineer
Amtrak
400 North Capitol Street
Washington, D. C. 20001

Very truly yours,

A handwritten signature in dark ink, appearing to read 'R. F. Lawson', with a long horizontal flourish extending to the right.

Robert F. Lawson
Vice President/Chief Engineer

Enclosure